

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ACTRIGHT

ADDRESS (number and street)

2029 K STREET NW SUITE 300

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488478

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brian S Brown

Signature of Treasurer

Brian S Brown

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ACTRIGHT

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 08 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y  
 08 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		10746.43
(b) Cash on Hand at Beginning of Reporting Period.....	10862.54	
(c) Total Receipts (from Line 19) .....	3234.44	49924.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14096.98	60670.47
7. Total Disbursements (from Line 31) .....	5488.19	52061.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8608.79	8608.79
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	78538.16	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ACTRIGHT**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
08	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
08	/	31	/	2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

2704.00

42037.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2704.00

42037.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

2704.00

42037.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

530.44

7887.04

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

3234.44

49924.04

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

3234.44

49924.04

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	118.19	7196.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	118.19	7196.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5355.00	44450.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	15.00	415.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	15.00	415.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5488.19	52061.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5488.19	52061.68

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2704.00	42037.00
34. Total Contribution Refunds (from Line 28(d)) .....	15.00	415.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2689.00	41622.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	118.19	7196.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	530.44	7887.04
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-412.25	-690.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Debra Amezcua-Gonzalez**

Mailing Address 4424 Hunters Lodge Dr

City

Round Rock

State

TX

Zip Code

78681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

none

Occupation

at home mom

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

08 / 04 / 2014

Transaction ID : SA11AI.9654

Amount of Each Receipt this Period

15.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**B. Brenda Armstrong**

Mailing Address 7924 W. 79th Street

City

Playa del Rey

State

CA

Zip Code

90293

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USMC

Occupation

Spouse of Col. Charles Armstrong (D)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 26 / 2014

Transaction ID : SA11AI.9749

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**C. dwight ast**

Mailing Address 117 n 12 th st

City

conway springs

State

KS

Zip Code

67031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

youngers

Occupation

machinist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.9710

Amount of Each Receipt this Period

5.00

MILTON WOLF FOR US SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. terry babcock**

Mailing Address 697 e. lawbrook ave

City State Zip Code  
fresno CA 93720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

e.g.babcock

Occupation

self employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.9747

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**B. Ally Lou Baker**

Mailing Address 12 San Sebastian Dr

City State Zip Code  
Rancho Mirage CA 92270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9686

Amount of Each Receipt this Period

15.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**C. Charles Bass**

Mailing Address 314 Long Street

City State Zip Code  
Jackson NC 27845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9676

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. James Bellinger**

Mailing Address 125 W Orchard

City State Zip Code  
 Itasca IL 60143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.9739

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**B. P. Embry Canterbury**

Mailing Address 507 Fall River

City State Zip Code  
 Houston TX 77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 26 / 2014

Transaction ID : SA11AI.9639

Amount of Each Receipt this Period

50.00

CORY GARDNER FOR SENATE

Full Name (Last, First, Middle Initial)

**C. Marie Cardona**

Mailing Address 726 Rocklyn Dr

City State Zip Code  
 Windcrest TX 78239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

08 / 10 / 2014

Transaction ID : SA11AI.9706

Amount of Each Receipt this Period

10.00

DAVID LARSEN FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. mark cascia**

Mailing Address 1200 thompson+creek+rd

City State Zip Code  
 stevensville MD 21666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

C and A

Occupation

engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9662

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**B. Patricia Casentini**

Mailing Address PO Box 21251

City State Zip Code  
 El Sobrante CA 94820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

08 / 06 / 2014

Transaction ID : SA11AI.9699

Amount of Each Receipt this Period

5.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**C. John Clancy**

Mailing Address 1707 20th+St.

City State Zip Code  
 Wyandotte MI 48192

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ret

Occupation

ret

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

08 / 02 / 2014

Transaction ID : SA11AI.9703

Amount of Each Receipt this Period

15.00

JUSTIN AMASH FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Dan Comstock**

Mailing Address 9907 Goldenglade+Dr

City State Zip Code  
Houston TX 77064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The University of TX and Comstock Cons

Occupation

Petroleum Measurement and Training

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 02 / 2014

Transaction ID : SA11AI.9650

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**B. Paula Craig**

Mailing Address 1334 Gurley%2BDairy%2BRd%2BNW

City State Zip Code  
Pikeville NC 27863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johnston Health

Occupation

Registered nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 27 / 2014

Transaction ID : SA11AI.9634

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. clifford crane**

Mailing Address 3610 birch street

City State Zip Code  
newport beach CA 92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.9740

Amount of Each Receipt this Period

100.00

KAIFESH FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 93

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. David Crear

Mailing Address 1980 Spates%2BAvenue

City State Zip Code  
Wayzata MN 55391

FEC ID number of contributing federal political committee.

C

Name of Employer

Shrimp Culture

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2014

Transaction ID : SA11AI.9646

Amount of Each Receipt this Period

50.00

COTTON FOR SENATE

Full Name (Last, First, Middle Initial)

B. Sterling Cruger

Mailing Address 2926 Indian Hollow

City State Zip Code  
San Antonio TX 78261

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2014

Transaction ID : SA11AI.9720

Amount of Each Receipt this Period

15.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

c. ken CURRIE

Mailing Address 132 RIVER BEND DRIVE

City State Zip Code  
DAGSBORO DE 19939

FEC ID number of contributing federal political committee.

C

Name of Employer

none

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 10 / 2014

Transaction ID : SA11AI.9629

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Robert Davis**

Mailing Address PO Box 228

City

Ballston Spa

State

NY

Zip Code

12020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9658

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**B. Edward DeLorme**

Mailing Address 18368 Gadwall St

City

Woodland

State

CA

Zip Code

95695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Real Estate Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

08 / 21 / 2014

Transaction ID : SA11AI.9731

Amount of Each Receipt this Period

15.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**C. Bob Diseker**

Mailing Address 185 CR+4354

City

Winnsboro

State

TX

Zip Code

75494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9682

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. John Dowell**

Mailing Address 542-A Brooks Street

City

Oceanside

State

CA

Zip Code

92054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Property Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.9745

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**B. Mary Elvick**

Mailing Address 3324 Oak Stream Ct.

City

Carmichael

State

CA

Zip Code

95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jerry Kuperstein

Occupation

Legal Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 02 / 2014

Transaction ID : SA11AI.9648

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**C. Diana Flores**

Mailing Address 305 S 2nd Ave

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PSJAISD

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

08 / 09 / 2014

Transaction ID : SA11AI.9627

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## **A. Michaela Foley**

Mailing Address 1426 Ferrara+Ct.

City Escondido State CA Zip Code 92025

FEC ID number of contributing federal political committee.

C

Name of Employer

Not applicable

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.9743

Amount of Each Receipt this Period

9.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

## **B. Michael Fragale**

Mailing Address 12533 Knox Street

City Overland Park State KS Zip Code 66213

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.9712

Amount of Each Receipt this Period

25.00

MILTON WOLF FOR US SENATE

Full Name (Last, First, Middle Initial)

## **C. Gayle Fransen**

Mailing Address 225 rever Dr

City Mandeville State LA Zip Code 70471

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Cpa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

08 / 26 / 2014

Transaction ID : SA11AI.9759

Amount of Each Receipt this Period

15.00

FRIENDS OF COLONEL ROB MANESS

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

49.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## **A. Thomas Glaser**

Mailing Address 27W093 Geneva Rd #368

City State Zip Code  
Winfield IL 60190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trustwave

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 21 / 2014

Transaction ID : SA11AI.9724

Amount of Each Receipt this Period

25.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

## **B. Bruce Goin**

Mailing Address 1130 Belleaire Circle

City State Zip Code  
Orlando FL 32804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Digital Insurance

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9680

Amount of Each Receipt this Period

50.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

## **C. Marcilio Gonzalez**

Mailing Address 753 Westchester Drive

City State Zip Code  
Corpus Christi TX 78408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Air Liquide

Occupation

Pipeline Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9660

Amount of Each Receipt this Period

50.00

JOE CARR FOR SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## **A. Marcilio Gonzalez**

Mailing Address 753 Westchester Drive

City State Zip Code  
 Corpus Christi TX 78408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Air Liquide

Occupation

Pipeline Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.9630

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Thomas Gray**

Mailing Address P.O. BOX 1232

City State Zip Code  
 McHenry IL 60051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired/disabled

Occupation

carpenter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 21 / 2014

Transaction ID : SA11AI.9722

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

## **C. Benjamin Harrison**

Mailing Address 4803 Cadison Street

City State Zip Code  
 Torrance CA 90503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

none

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.9705

Amount of Each Receipt this Period

25.00

KAIFESH FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. John Holodnak**

Mailing Address 11806 Friar Post

City State Zip Code  
 North Royalton OH 44133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NVSW

Occupation

Sales Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 08 / 2014

Transaction ID : SA11AI.9625

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. peter s johnson**

Mailing Address 314 pebblebrook drive

City State Zip Code  
 seabrook TX 77586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NES

Occupation

HES Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

08 / 26 / 2014

Transaction ID : SA11AI.9640

Amount of Each Receipt this Period

50.00

CORY GARDNER FOR SENATE

Full Name (Last, First, Middle Initial)

**C. Michael A Kalashian**

Mailing Address 1276 Poker Flat Place

City State Zip Code  
 San Jose CA 95120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

Col USMC (ret)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 21 / 2014

Transaction ID : SA11AI.9726

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## **A. Stephen Kaspro**

Mailing Address 1539 Oregon Ave

City State Zip Code  
 Steubenville OH 43952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Orrick

I.T.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9659

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

## **B. Greg Koneval**

Mailing Address 10175 Charissglen Lane

City State Zip Code  
 Highlands Ranch CO 80126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Wellpoint

Portfolio Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

08 / 26 / 2014

Transaction ID : SA11AI.9642

Amount of Each Receipt this Period

15.00

CORY GARDNER FOR SENATE

Full Name (Last, First, Middle Initial)

## **C. LISA KOSS**

Mailing Address 5868 WESTHEIMER RD

City State Zip Code  
 HOUSTON TX 77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ConocoPhillips

Engineering Technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.9619

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## **A. Randall Lair**

Mailing Address 250 S Fountain

City State Zip Code  
 Wichita KS 67218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.9708

Amount of Each Receipt this Period

10.00

MILTON WOLF FOR US SENATE

Full Name (Last, First, Middle Initial)

## **B. Patrick Lannan**

Mailing Address 404 E. Lake Shore Dr.

City State Zip Code  
 Round Lake Park IL 60073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lannan Woodwork's Inc

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 20 / 2014

Transaction ID : SA11AI.9716

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

## **C. Anne Leverich**

Mailing Address 12441 Meanderline Rd.

City State Zip Code  
 Charlevoix MI 49720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

08 / 03 / 2014

Transaction ID : SA11AI.9763

Amount of Each Receipt this Period

15.00

TERRI LYNN LAND FOR SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. John Linder**

Mailing Address 3623 W Ward Ave

City State Zip Code  
 Ridgecrest CA 93555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

none

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 21 / 2014

Transaction ID : SA11AI.9727

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**B. Edwin Litloff**

Mailing Address 8400 Hickory Street

City State Zip Code  
 Frisco TX 75034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frisco

Occupation

Property Tax Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 28 / 2014

Transaction ID : SA11AI.9753

Amount of Each Receipt this Period

25.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**C. mark large**

Mailing Address 178 santa elena ln

City State Zip Code  
 santa barbara CA 93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

none

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 21 / 2014

Transaction ID : SA11AI.9737

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Barbara Lowe Fodor**

Mailing Address 2280 Century Hill

City

Los Angeles

State

CA

Zip Code

90067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

Housewife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2014

Transaction ID : SA11AI.9697

Amount of Each Receipt this Period

200.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**B. Bill Mallory**

Mailing Address 6261 Arbor Rose Dr

City

Carlsbad

State

CA

Zip Code

92009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2014

Transaction ID : SA11AI.9735

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**C. JOHN MARESCA**

Mailing Address 28408 DEL LAGO WAY

City

BONITA SPRINGS

State

FL

Zip Code

34135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INVESTOR

Occupation

SELF

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2014

Transaction ID : SA11AI.9668

Amount of Each Receipt this Period

50.00

JOE CARR FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Don Mathison**

Mailing Address 1130 Claire Lane

City State Zip Code  
 Northglenn CO 80234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mathison Inc

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9666

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**B. Philip Morretta**

Mailing Address 4210 Richmond Ave

City State Zip Code  
 Staten Island NY 10312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

fireman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9656

Amount of Each Receipt this Period

15.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**C. l.a. myer**

Mailing Address 830-13 A1A north

City State Zip Code  
 ponte vedra beach FL 32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9678

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Robert Pedersen**

Mailing Address 12 Autumn Glenn Dr.

City

Glen Carbon

State

IL

Zip Code

62034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Republic Airways

Occupation

Airline Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 20 / 2014

Transaction ID : SA11AI.9718

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**B. Naomi Perez**

Mailing Address 185 Droms Road

City

Glenville

State

NY

Zip Code

12302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYPD

Occupation

Retired LEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 31 / 2014

Transaction ID : SA11AI.9757

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**C. salvador perino**

Mailing Address 1 honeysuckle lane

City

covington

State

LA

Zip Code

70433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired usnavy pilot ww2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

08 / 27 / 2014

Transaction ID : SA11AI.9761

Amount of Each Receipt this Period

100.00

FRIENDS OF COLONEL ROB MANESS

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Gerald Potts**

Mailing Address 102 Trombay Dr

City State Zip Code  
Wilmington NC 28412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

08 / 06 / 2014

**Transaction ID : SA11AI.9693**

Amount of Each Receipt this Period

15.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**B. Gerald Potts**

Mailing Address 102 Trombay Dr

City State Zip Code  
Wilmington NC 28412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

08 / 23 / 2014

**Transaction ID : SA11AI.9631**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Gerald Potts**

Mailing Address 102 Trombay Dr

City State Zip Code  
Wilmington NC 28412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

08 / 26 / 2014

**Transaction ID : SA11AI.9643**

Amount of Each Receipt this Period

10.00

CORY GARDNER FOR SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00



# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

### A. Gerald Potts

Mailing Address 102 Trombay Dr

City State Zip Code  
Wilmington NC 28412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

08 / 27 / 2014

Transaction ID : SA11AI.9635

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

### B. Richard Powers

Mailing Address 5623 J Riley West Rd

City State Zip Code  
Greenback TN 37742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

unemployed

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.9707

Amount of Each Receipt this Period

10.00

MILTON WOLF FOR US SENATE

Full Name (Last, First, Middle Initial)

### C. dave riancho

Mailing Address 597 cherry tree ln.

City State Zip Code  
deland FL 32763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

albu and associates

Occupation

construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

08 / 24 / 2014

Transaction ID : SA11AI.9632

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Richard Rockenbach**

Mailing Address 1666 Francis Drive

City

Pingree Grove

State

IL

Zip Code

60140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Insurance Mgmt.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 28 / 2014

Transaction ID : SA11AI.9755

Amount of Each Receipt this Period

25.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**B. Victor Rodriguez**

Mailing Address 2048 Dayron Court

City

Marietta

State

GA

Zip Code

30062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ING Investment Management Internationa

Occupation

Portfolio Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 03 / 2014

Transaction ID : SA11AI.9621

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Lea Rosenfeld**

Mailing Address 7975 W 4th St

City

Los Angeles

State

CA

Zip Code

90048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Metropolitan Realty

Occupation

Real Estate Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 06 / 2014

Transaction ID : SA11AI.9690

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ACTRIGHT

Full Name (Last, First, Middle Initial)

A. Meri Russell

Mailing Address 6925 Tenacity Lane

City

Johnston

State

IA

Zip Code

50131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

none

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 22 / 2014

Transaction ID : SA11AI.9701

Amount of Each Receipt this Period

25.00

JONI ERNST FOR US SENATE INC

Full Name (Last, First, Middle Initial)

B. Alfred Saavedra

Mailing Address 7924 Jaboneria Road

City

Bell Gardens

State

CA

Zip Code

90201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SimplexGrinnell

Occupation

Life Safety Inspector

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2014

Transaction ID : SA11AI.9623

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Matthew Sapochak

Mailing Address 14 Mayfair Drive

City

Bluffton

State

SC

Zip Code

29910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hampton Hall Club

Occupation

Golf Course Superintendent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 07 / 2014

Transaction ID : SA11AI.9695

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Douglas Schonacher**

Mailing Address 118 October Gold Way

City State Zip Code  
 Calgary TX 77084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nexen Energy ULC

Occupation

HSE Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 26 / 2014

Transaction ID : SA11AI.9751

Amount of Each Receipt this Period

25.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**B. Chris Sinkovitz**

Mailing Address 7082 N 30th

City State Zip Code  
 Richland MI 49083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Graphic Packaging, Intl

Occupation

Technical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9664

Amount of Each Receipt this Period

20.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**C. neil smoots**

Mailing Address 316 skyview dr

City State Zip Code  
 Lompoc CA 93436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ULA

Occupation

Engr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 30 / 2014

Transaction ID : SA11AI.9637

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## **A. Warren Spikes**

Mailing Address PO Box 578

City

Hugoton

State

KS

Zip Code

67951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.9714

Amount of Each Receipt this Period

25.00

MILTON WOLF FOR US SENATE

Full Name (Last, First, Middle Initial)

## **B. martha stafford**

Mailing Address 3300 Yorktown #10

City

houston

State

TX

Zip Code

77056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

harris county

Occupation

realestate

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9674

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

## **C. russ taylor**

Mailing Address 399 chaney ave

City

cayucos

State

CA

Zip Code

93430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

75.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.9741

Amount of Each Receipt this Period

50.00

KAIFESH FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Steve Walker**

Mailing Address 12298 Spruce+Grove+Place

City

San Diego

State

CA

Zip Code

92131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Embry-Riddle Aeronautical+University

Occupation

Adjunct-Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 21 / 2014

Transaction ID : SA11AI.9733

Amount of Each Receipt this Period

25.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

**B. james ward**

Mailing Address 800 north second avenue

City

maywood

State

IL

Zip Code

60153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

acxiom corp.

Occupation

system programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9670

Amount of Each Receipt this Period

50.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

**C. Lori Washam**

Mailing Address 3912 Segundo Ln

City

Plano

State

TX

Zip Code

75074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First Baptist WDS

Occupation

Asst Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 06 / 2014

Transaction ID : SA11AI.9688

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

### A. Robert Whatley

Mailing Address 2553 Rainbow Lane

City State Zip Code  
Redding CA 96002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

Pastor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 21 / 2014

Transaction ID : SA11AI.9729

Amount of Each Receipt this Period

25.00

KAIFESH FOR CONGRESS

Full Name (Last, First, Middle Initial)

### B. Rex Wilcox

Mailing Address 414 Tower Dr.

City State Zip Code  
San Antonio TX 78232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEO

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9684

Amount of Each Receipt this Period

100.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

### C. Joseph Wilkens

Mailing Address 15 Crescent Circle

City State Zip Code  
Harleysville PA 19438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 04 / 2014

Transaction ID : SA11AI.9652

Amount of Each Receipt this Period

50.00

JOE CARR FOR SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## **A. Dorothy Woldrich**

Mailing Address 6721 Nevada Avenue

City State Zip Code  
Woodland Hills CA 91303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 06 / 2014

Transaction ID : SA11AI.9692

Amount of Each Receipt this Period

25.00

JOE CARR FOR SENATE

Full Name (Last, First, Middle Initial)

## **B. Karen Yeager**

Mailing Address 10120 Mustang+Lane

City State Zip Code  
Dardanelle AR 72834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

08 / 23 / 2014

Transaction ID : SA11AI.9645

Amount of Each Receipt this Period

30.00

COTTON FOR SENATE

Full Name (Last, First, Middle Initial)

## **C. FRANCIS ZOLTOWSKI**

Mailing Address 1050 Stanwood St

City State Zip Code  
Philadelphia PA 19111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

retired

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.9672

Amount of Each Receipt this Period

15.00

JOE CARR FOR SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

2704.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## **A. BELL FOR SENATE**

Mailing Address PO BOX 31

City

PALISADES PARK

State

NJ

Zip Code

07650

FEC ID number of contributing  
federal political committee.

**C**

C00558122

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.50

Date of Receipt

08 / 01 / 2014

**Transaction ID : SA15.9600**

Amount of Each Receipt this Period

25.50

Processing and fundraising fee

Full Name (Last, First, Middle Initial)

## **B. COTTON FOR SENATE**

Mailing Address PO BOX 379

City

DARDANELLE

State

AR

Zip Code

72834

FEC ID number of contributing  
federal political committee.

**C**

C00499988

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

281.20

Date of Receipt

08 / 01 / 2014

**Transaction ID : SA15.9608**

Amount of Each Receipt this Period

85.50

Processing and fundraising fee

Full Name (Last, First, Middle Initial)

## **C. COTTON FOR SENATE**

Mailing Address PO BOX 379

City

DARDANELLE

State

AR

Zip Code

72834

FEC ID number of contributing  
federal political committee.

**C**

C00499988

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

290.20

Date of Receipt

08 / 27 / 2014

**Transaction ID : SA15.9588**

Amount of Each Receipt this Period

9.00

Processing and fundraising fee

**SUBTOTAL** of Receipts This Page (optional)..... ►

120.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## **A. DAVID LARSEN FOR CONGRESS**

Mailing Address PO Box 214

City  
OLDWICK

State Zip Code  
NJ 08858

FEC ID number of contributing  
federal political committee.

**C** C00510750

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

**08** / **15** / **2014**

**Transaction ID : SA15.9595**

Amount of Each Receipt this Period

3.00

Processing and fundraising fee

Full Name (Last, First, Middle Initial)

## **B. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City  
SCHAUMBURG

State Zip Code  
IL 60194

FEC ID number of contributing  
federal political committee.

**C** C00551036

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.20

Date of Receipt

**08** / **27** / **2014**

**Transaction ID : SA15.9586**

Amount of Each Receipt this Period

244.20

Processing and fundraising fee

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

247.20

367.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**Mailing Address 249 Fifth Ave  
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement  
Merchant Interchng

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
08 04 2014**Transaction ID : SB21B.9612**

Amount of Each Disbursement this Period

67.63

Full Name (Last, First, Middle Initial)

**B. PNC Bank**Mailing Address 249 Fifth Ave  
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement  
Merchant fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
08 04 2014**Transaction ID : SB21B.9613**

Amount of Each Disbursement this Period

30.08

Full Name (Last, First, Middle Initial)

**C. PNC Bank**Mailing Address 249 Fifth Ave  
One PNC Plaza

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement  
Merchant discount

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
08 04 2014**Transaction ID : SB21B.9614**

Amount of Each Disbursement this Period

20.48

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

118.19

118.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. BELL FOR SENATE**

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement  
roblejo, peter

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9765**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. BELL FOR SENATE**

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement  
CHUNKA, JOHN

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9766**

Amount of Each Disbursement this Period

10.00
-------

Full Name (Last, First, Middle Initial)

**C. BELL FOR SENATE**

Mailing Address PO BOX 31

City	State	Zip Code
PALISADES PARK	NJ	07650

Purpose of Disbursement  
O'Brien, Liam

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9767**

Amount of Each Disbursement this Period

50.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

85.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. CAPITO FOR WEST VIRGINIA**

Mailing Address PO BOX 11519

City	State	Zip Code
CHARLESTON	WV	25339

Purpose of Disbursement  
Quinn, Mark

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WV District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9768**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. CORY GARDNER FOR SENATE**

Mailing Address 9227 E. LINCOLN AVE., #200-234

City	State	Zip Code
LONE TREE	CO	80124

Purpose of Disbursement  
Canterbury, P. Embry

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CO District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9769**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. CORY GARDNER FOR SENATE**

Mailing Address 9227 E. LINCOLN AVE., #200-234

City	State	Zip Code
LONE TREE	CO	80124

Purpose of Disbursement  
Johnson, Peter S

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CO District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9770**

Amount of Each Disbursement this Period

50.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

125.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. CORY GARDNER FOR SENATE**

Mailing Address 9227 E. LINCOLN AVE., #200-234

City	State	Zip Code
LONE TREE	CO	80124

Purpose of Disbursement  
Koneval, Greg

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CO District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9771**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**B. CORY GARDNER FOR SENATE**

Mailing Address 9227 E. LINCOLN AVE., #200-234

City	State	Zip Code
LONE TREE	CO	80124

Purpose of Disbursement  
Potts, Gerald

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CO District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9772**

Amount of Each Disbursement this Period

10.00
-------

Full Name (Last, First, Middle Initial)

**C. COTTON FOR SENATE**

Mailing Address PO BOX 379

City	State	Zip Code
DARDANELLE	AR	72834

Purpose of Disbursement  
Ardi, Paul

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9773**

Amount of Each Disbursement this Period

250.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

275.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. COTTON FOR SENATE**

Mailing Address PO BOX 379

City	State	Zip Code
DARDANELLE	AR	72834

Purpose of Disbursement  
Quinn, Mark

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AR	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9774**

Amount of Each Disbursement this Period

35.00
-------

Full Name (Last, First, Middle Initial)

**B. COTTON FOR SENATE**

Mailing Address PO BOX 379

City	State	Zip Code
DARDANELLE	AR	72834

Purpose of Disbursement  
Yeager, Karen

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AR	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9775**

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**C. DAVID LARSEN FOR CONGRESS**

Mailing Address PO Box 214

City	State	Zip Code
OLDWICK	NJ	08858

Purpose of Disbursement  
Cardona, Marie

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 07

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : SB23.9838**

Amount of Each Disbursement this Period

10.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF COLONEL ROB MANESS**

Mailing Address PO BOX 25

City MADISONVILLE	State LA	Zip Code 70447
----------------------	-------------	-------------------

Purpose of Disbursement  
Fransen, Gayle

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: LA	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9874**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City LASCASSAS	State TN	Zip Code 37085
-------------------	-------------	-------------------

Purpose of Disbursement  
johns, lee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9776**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City LASCASSAS	State TN	Zip Code 37085
-------------------	-------------	-------------------

Purpose of Disbursement  
Richards, Lynne

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9777**

Amount of Each Disbursement this Period

15.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

80.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Jefferies, Jon

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9778**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Wolf, Edward

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9779**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Swart, Frank

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9780**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City LASCASSAS State TN Zip Code 37085

Purpose of Disbursement  
Michalski, Derek

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President  
 State: TN District: 04

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
 08 / 01 / 2014

**Transaction ID : SB23.9781**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City LASCASSAS State TN Zip Code 37085

Purpose of Disbursement  
DAmico, Dick

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President  
 State: TN District: 04

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
 08 / 01 / 2014

**Transaction ID : SB23.9782**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City LASCASSAS State TN Zip Code 37085

Purpose of Disbursement  
Phillips, Richard

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President  
 State: TN District: 04

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
 08 / 01 / 2014

**Transaction ID : SB23.9783**

Amount of Each Disbursement this Period

15.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Albritton, Ronald

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9784**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Ingari, Lisa

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9785**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Domino, Nancy

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9786**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

100.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Powers, Richard

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9787**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Davidson, Lawrence

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9788**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Kerian, Anne

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9789**

Amount of Each Disbursement this Period

15.00
-------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

65.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
lahti, peter

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9790**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Stickland, Jon Mark

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9791**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
duddlesten, karen

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9792**

Amount of Each Disbursement this Period

100.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

175.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Van Blaricum, Michael

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9793**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
wilde, jennifer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9794**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Holly, Sharon

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9795**

Amount of Each Disbursement this Period

50.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

125.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Barton, Colette

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9796**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Brooks, Dennis

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9797**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
rafe, janice

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9798**

Amount of Each Disbursement this Period

10.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Wynn, Lester

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9799**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Kilgore-Gusarson, Claudia

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9800**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Keenan, Jeffrey

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9801**

Amount of Each Disbursement this Period

100.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

150.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Willis, Christopher

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9802**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Kriewaldt, Edward

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9803**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Elvick, Mary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9804**

Amount of Each Disbursement this Period

25.00
-------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

100.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Comstock, Dan

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9805**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Wilkens, Joseph

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9806**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Amezcu-Gonzalez, Debra

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9807**

Amount of Each Disbursement this Period

15.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

90.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Morretta, Philip

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9808**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Davis, Robert

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9809**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Kasprow, Stephen

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9810**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

65.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Gonzalez, Marcilio

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9811**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
cascia, mark

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9812**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Sinkovitz, Chris

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9813**

Amount of Each Disbursement this Period

20.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

95.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Mathison, Don

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9814**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
MARESCA, JOHN

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9815**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
ward, james

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9816**

Amount of Each Disbursement this Period

50.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

125.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
ZOLTOWSKI, FRANCIS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9817**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
stafford, martha

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9818**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Bass, Charles

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9819**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

65.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
myer, I.a.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9820**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Goin, Bruce

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9821**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Diseker, Bob

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9822**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

100.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Wilcox, Rex

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9823**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Baker, Ally Lou

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9824**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Washam, Lori

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : SB23.9825**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

140.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Rosenfeld, Lea

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : SB23.9826**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Woldrich, Dorothy

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : SB23.9827**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Potts, Gerald

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : SB23.9828**

Amount of Each Disbursement this Period

15.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

65.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Sapochak, Matthew

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : SB23.9829**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. JOE CARR FOR SENATE**

Mailing Address PO BOX 192

City	State	Zip Code
LASCASSAS	TN	37085

Purpose of Disbursement  
Lowe Fodor, Barbara

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9830**

Amount of Each Disbursement this Period

200.00
--------

Full Name (Last, First, Middle Initial)

**C. JONI ERNST FOR US SENATE INC**

Mailing Address PO BOX 93441

City	State	Zip Code
DES MOINES	IA	50393

Purpose of Disbursement  
Ryan, William

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IA	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9831**

Amount of Each Disbursement this Period

15.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

240.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JONI ERNST FOR US SENATE INC**

Mailing Address PO BOX 93441

City	State	Zip Code
DES MOINES	IA	50393

Purpose of Disbursement  
Potter, Marguerite

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IA	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : SB23.9832**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**B. JONI ERNST FOR US SENATE INC**

Mailing Address PO BOX 93441

City	State	Zip Code
DES MOINES	IA	50393

Purpose of Disbursement  
Dutton, Drew

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IA	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : SB23.9833**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. JONI ERNST FOR US SENATE INC**

Mailing Address PO BOX 93441

City	State	Zip Code
DES MOINES	IA	50393

Purpose of Disbursement  
Stone, Marilyn

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IA	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : SB23.9834**

Amount of Each Disbursement this Period

16.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

131.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. JONI ERNST FOR US SENATE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

Mailing Address PO BOX 93441

City	State	Zip Code
DES MOINES	IA	50393

**Transaction ID : SB23.9835**Purpose of Disbursement  
Russell, Meri

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

25.00
-------

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District: 00

Full Name (Last, First, Middle Initial)

**B. JUSTIN AMASH FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address 1500 E BELTLINE AVE SE STE 250

City	State	Zip Code
GRAND RAPIDS	MI	49506

**Transaction ID : SB23.9836**Purpose of Disbursement  
Clancy, John

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

15.00
-------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 03

Full Name (Last, First, Middle Initial)

**C. KAIFESH FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

**Transaction ID : SB23.9837**Purpose of Disbursement  
Harrison, Benjamin

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

25.00
-------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 08

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

65.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Lannan, Patrick

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9854**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Pedersen, Robert

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9855**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Cruger, Sterling

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9856**

Amount of Each Disbursement this Period

15.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

115.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

## A. KAIFESH FOR CONGRESS

Category/  
Type

50.00

State: IL District: 08

## B. KAIFESH FOR CONGRESS

Category/  
Type

25.00

State: IL District: 08

### C. KAIFESH FOR CONGRESS

Category/  
Type

Age Group	Percentage
18-24	10.00
25-34	15.00
35-44	20.00
45-54	25.00
55-64	30.00
65-74	35.00
75-84	40.00
85+	45.00

State: IL District: 08

A diagram of a rectangular box with a length of 125.00 units. The box is shown in perspective, with a top edge and a bottom edge. The bottom edge is labeled with the value 125.00.

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Linder, John

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9860**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Whatley, Robert

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9861**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
DeLorme, Edward

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9862**

Amount of Each Disbursement this Period

15.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

90.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Walker, Steve

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9863**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Mallory, Bill

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9864**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Iorge, mark

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9865**

Amount of Each Disbursement this Period

50.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

125.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Bellinger, James

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9866**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
crane, clifford

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9867**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**C. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
taylor, russ

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9868**

Amount of Each Disbursement this Period

50.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

200.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Foley, Michaela

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9869**

Amount of Each Disbursement this Period

9.00
------

Full Name (Last, First, Middle Initial)

**B. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Dowell, John

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9870**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
babcock, terry

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9871**

Amount of Each Disbursement this Period

50.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

109.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Armstrong, Brenda

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9872**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. KAIFESH FOR CONGRESS**

Mailing Address 869 E SCHAUMBURG RD #377

City	State	Zip Code
SCHAUMBURG	IL	60194

Purpose of Disbursement  
Schonacher, Douglas

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

**Transaction ID : SB23.9873**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. MILTON WOLF FOR US SENATE**

Mailing Address PO BOX 7464

City	State	Zip Code
OVERLAND PARK	KS	66207

Purpose of Disbursement  
Kramer, Richard

Candidate Name

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: KS	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9839**

Amount of Each Disbursement this Period

10.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

85.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. MILTON WOLF FOR US SENATE**

Mailing Address PO BOX 7464

City	State	Zip Code
OVERLAND PARK	KS	66207

Purpose of Disbursement  
Hoffsommer, Monty

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KS District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9840**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. MILTON WOLF FOR US SENATE**

Mailing Address PO BOX 7464

City	State	Zip Code
OVERLAND PARK	KS	66207

Purpose of Disbursement  
Meuli, Gene

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KS District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9841**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. MILTON WOLF FOR US SENATE**

Mailing Address PO BOX 7464

City	State	Zip Code
OVERLAND PARK	KS	66207

Purpose of Disbursement  
Lair, Randall

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KS District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9842**

Amount of Each Disbursement this Period

10.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. MILTON WOLF FOR US SENATE**

Mailing Address PO BOX 7464

City	State	Zip Code
OVERLAND PARK	KS	66207

Purpose of Disbursement  
McCurry, J. Kathleen

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9843**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. MILTON WOLF FOR US SENATE**

Mailing Address PO BOX 7464

City	State	Zip Code
OVERLAND PARK	KS	66207

Purpose of Disbursement  
Fisher, Kenneth

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9844**

Amount of Each Disbursement this Period

10.00
-------

Full Name (Last, First, Middle Initial)

**C. MILTON WOLF FOR US SENATE**

Mailing Address PO BOX 7464

City	State	Zip Code
OVERLAND PARK	KS	66207

Purpose of Disbursement  
Mitchell, Carolyn

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9845**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

285.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. MILTON WOLF FOR US SENATE**

Mailing Address PO BOX 7464

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

Purpose of Disbursement  
Hicks, Elizabeth

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9846**

Amount of Each Disbursement this Period

10.00
-------

Full Name (Last, First, Middle Initial)

**B. MILTON WOLF FOR US SENATE**

Mailing Address PO BOX 7464

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

Purpose of Disbursement  
Davis-Duarte, Susan

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9847**

Amount of Each Disbursement this Period

10.00
-------

Full Name (Last, First, Middle Initial)

**C. MILTON WOLF FOR US SENATE**

Mailing Address PO BOX 7464

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

Purpose of Disbursement  
Powers, Richard

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9848**

Amount of Each Disbursement this Period

10.00
-------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

## A. MILTON WOLF FOR US SENATE

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '08' with two squares above it. The second display shows '06' with two squares above it. The third display shows '2014' with four squares above it.

Transaction ID : SB23.9849

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Age Group	Percentage
18-24	1.0
25-34	1.0
35-44	1.0
45-54	1.0
55-64	1.0
65-74	1.0
75-84	1.0
85+	1.0

Full Name (Last, First, Middle Initial)

## B. MILTON WOLF FOR US SENATE

Mailing Address PO BOX 7464

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
OVERLAND PARK	KS	66207

Transaction ID : SB23.9850

Purpose of Disbursement
ast, dwight

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input checked="" type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: KS District: 00

Full Name (Last, First, Middle Initial)

### C. MILTON WOLF FOR US SENATE

Date of Disbursement

Mailing Address PO BOX 7464

City	State	Zip Code
OVERLAND PARK	KS	66207

Transaction ID : SB23.9851

Purpose of Disbursement
Fragale, Michael

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input checked="" type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

25.00

State: KS District: 00

**SUBTOTAL** of Disbursements This Page (optional).....

40.00

**TOTAL** This Period (last page this line number only).....

[illegible]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. MILTON WOLF FOR US SENATE**

Mailing Address PO BOX 7464

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

Purpose of Disbursement  
Spikes, Warren

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9852**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Ardi, Paul

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9853**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. STEVE DAINES FOR MONTANA**

Mailing Address PO BOX 1598

City HELENA	State MT	Zip Code 59624
----------------	-------------	-------------------

Purpose of Disbursement  
Ardi, Paul

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9875**

Amount of Each Disbursement this Period

250.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

775.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. STEVE DAINES FOR MONTANA**

Mailing Address PO BOX 1598

City	State	Zip Code
HELENA	MT	59624

Purpose of Disbursement  
richard, judi

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MT	District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9876**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. STEVE DAINES FOR MONTANA**

Mailing Address PO BOX 1598

City	State	Zip Code
HELENA	MT	59624

Purpose of Disbursement  
blount, stephen

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MT	District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9877**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. STEVE DAINES FOR MONTANA**

Mailing Address PO BOX 1598

City	State	Zip Code
HELENA	MT	59624

Purpose of Disbursement  
Moore, Alton

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MT	District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9878**

Amount of Each Disbursement this Period

10.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

85.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. STEVE DAINES FOR MONTANA**

Mailing Address PO BOX 1598

City	State	Zip Code
HELENA	MT	59624

Purpose of Disbursement  
Ament, Tyler

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MT	District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9879**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**B. TERRI LYNN LAND FOR SENATE**

Mailing Address PO BOX 308

City	State	Zip Code
GRANDVILLE	MI	49418

Purpose of Disbursement  
Quinn, Mark

Candidate Name

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9881**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. TERRI LYNN LAND FOR SENATE**

Mailing Address PO BOX 308

City	State	Zip Code
GRANDVILLE	MI	49418

Purpose of Disbursement  
Earhart, Thomas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9882**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

55.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. TERRI LYNN LAND FOR SENATE**

Mailing Address PO BOX 308

City	State	Zip Code
GRANDVILLE	MI	49418

Purpose of Disbursement  
Sinkvoitz, Brenda

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9883**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. TERRI LYNN LAND FOR SENATE**

Mailing Address PO BOX 308

City	State	Zip Code
GRANDVILLE	MI	49418

Purpose of Disbursement  
Kirby, Mary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9884**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. TERRI LYNN LAND FOR SENATE**

Mailing Address PO BOX 308

City	State	Zip Code
GRANDVILLE	MI	49418

Purpose of Disbursement  
Wilder, Naomi

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9885**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

100.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. TERRI LYNN LAND FOR SENATE**

Mailing Address PO BOX 308

City	State	Zip Code
GRANDVILLE	MI	49418

Purpose of Disbursement  
hunt, jason

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9886**

Amount of Each Disbursement this Period

10.00
-------

Full Name (Last, First, Middle Initial)

**B. TERRI LYNN LAND FOR SENATE**

Mailing Address PO BOX 308

City	State	Zip Code
GRANDVILLE	MI	49418

Purpose of Disbursement  
Piehl, Robert

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

**Transaction ID : SB23.9887**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. TERRI LYNN LAND FOR SENATE**

Mailing Address PO BOX 308

City	State	Zip Code
GRANDVILLE	MI	49418

Purpose of Disbursement  
Leverich, Anne

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB23.9888**

Amount of Each Disbursement this Period

15.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

#### A. TREADWELL ALASKA INC

Date of Disbursement

Transaction ID : SB23.9889

Category/  
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

250.00

Date of Disbursement

---

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Date of Disbursement

---

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

250.00

5355.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

August use of mailing address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4148

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

September use of address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

October use of mailing address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4178

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

750.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

November use of mailing address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4179

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

December use of mailing address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.4180

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

Mass emails supporting Jorgensen for Congress

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

4357.75

Transaction ID : SD10.5069

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4357.75

1) **SUBTOTALS** This Period This Page (optional)..... ►

4707.75

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

Fundraising emails in July

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

3606.78

Transaction ID : SD10.5212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3606.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

February and March reporting and processing services retainer

Mailing Address 209 W Main St

City State Zip Code  
Plainfield IN 46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4181

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

April retainer for reporting and processing services

Mailing Address 209 W Main St

City State Zip Code  
Plainfield IN 46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4190

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6606.78

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

May reporting and processing services  
retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

May reporting and processing services and  
June retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2748.93

Transaction ID : SD10.4192

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2748.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

June reporting and processing services and  
July retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2767.00

Transaction ID : SD10.4193

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2767.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6515.93

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

October reporting and processing services and  
November retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

307.50

Transaction ID : SD10.4186

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

307.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

November reporting and processing services  
and December retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2657.00

Transaction ID : SD10.4185

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2657.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

December reporting and processing services  
and Jan retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2465.00

Transaction ID : SD10.4184

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2465.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5429.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

January reporting and processing services and  
Feb retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2255.00

Transaction ID : SD10.4233

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2255.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Feb reporting and processing/Mar legal and  
reporting retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4319

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Mar reporting and processing/Apr legal and  
reporting retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4374

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6255.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal compliance, bookkeeping, and reporting  
services in April

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

3737.50

**Transaction ID : SD10.4702**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3737.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal compliance, bookkeeping, and reporting  
services in May

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2907.50

**Transaction ID : SD10.5067**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2907.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

June administrative and legal services.

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2477.05

**Transaction ID : SD10.5569**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2477.05

1) **SUBTOTALS** This Period This Page (optional)..... ►

9122.05

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Bundling, administrative, legal, and office  
services

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2077.60

Transaction ID : SD10.5600

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2077.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Sept. bundling, administrative, legal, and office  
services

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2067.50

Transaction ID : SD10.5971

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2067.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Sept. reporting and processing services and  
Oct. retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2097.50

Transaction ID : SD10.6485

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2097.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

6242.60

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Reporting, bundling, compliance, and admin  
services in October

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1605.00

**Transaction ID : SD10.6817**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1605.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance, reporting, and bundling services  
in November

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1130.00

**Transaction ID : SD10.7051**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1130.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance, reporting, bundling, and  
administrative services in Dec 2013

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1235.00

**Transaction ID : SD10.7356**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1235.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3970.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services in January

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

854.20

**Transaction ID : SD10.7717**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

854.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal, processing, reporting, and admin services in February

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1238.00

**Transaction ID : SD10.8465**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1238.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal, bundling, and administrative services

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1038.00

**Transaction ID : SD10.8513**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1038.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3130.20

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Bundling, administrative, compliance services  
for May 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1228.50

Transaction ID : SD10.9028

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1228.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Bundling, administrative, compliance services  
for June 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1305.25

Transaction ID : SD10.9248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1305.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Bundling, administrative, compliance services  
in July 2014

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

925.00

Transaction ID : SD10.9401

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

925.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3458.75

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services for  
July 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9615

Amount Incurred This Period

925.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

925.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Fund**

Nature of Debt (Purpose):

Fundraising emails in July 2013

Mailing Address 2029 K St NW

Suite 300

City State

Zip Code

Washington

DC

20006

Outstanding Balance Beginning This Period

5024.60

Transaction ID : SD10.5208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5024.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

April legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4198

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6949.60

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

May legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4199

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

June legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4200

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

July legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
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☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

August legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

September legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4203

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

October legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 92 OF 93

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

November legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

December legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

March legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4196

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 93 OF 93

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10
NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Barry A Bostrom**Nature of Debt (Purpose):  
Legal services in January

Mailing Address 2524 N 8th Street

City State

Zip Code

Terre Haute

IN

47804

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4194

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Paul Bothwell**

Nature of Debt (Purpose):

Administrative services July 2011 - March 2012

Mailing Address 606 S. Taylor St.

City State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

5400.00

Transaction ID : SD10.4230

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

6400.00

2) **TOTALS** This Period (last page this line number only)..... ►

78538.16

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

78538.16